

Mrs Jane Margaret Larter

Marrams

Inspection report

7 May Cottages
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 11 May 2017 and was unannounced.

Marrams provides accommodation, care and support for up to three older people who require support with personal care and their meals cooked. At the time of this inspection there were three people living in the home. The residential care home is situated on the ground floor of a large semi-detached house, which has its own private grounds. The provider lives in the upstairs part of the building and both environments have independent entrances.

As the service is operated by an independent sole provider, who oversees the running of the service on a daily basis, there is no requirement for a separate registered manager to be in post. The registered provider is therefore the 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff working in the home to help ensure people's safety. Staff worked well together to ensure people's needs were met safely and appropriately. Proper checks were carried out when new staff were recruited, which helped ensure only staff who were suitable to work in care services were employed. Staff knew how to recognise different kinds of possible abuse and understood the importance of reporting any concerns or suspicions that people were at risk of harm appropriately. The provider also understood their role in addressing any issues.

Risks to people's safety were identified, recorded and reviewed on a regular basis. There was also written guidance for staff to know how to support people to manage these risks. Staff worked closely with healthcare professionals to promote people's welfare and safety. Staff also took prompt action to seek professional advice, and acted upon it, where there were concerns about people's mental or physical health and wellbeing.

People's medicines were stored and managed safely and administered as the prescriber intended. Staff were appropriately trained and competent to support people with their medicines, although some people managed and administered their own medicines.

People enjoyed their meals and were provided with sufficient quantities of food and drink. People were also able to choose what they had. If people were identified as possibly being at risk of not eating or drinking enough, staff would follow guidance to help promote people's welfare and input would be sought from relevant healthcare professionals.

Staff were trained well and were competent in meeting people's needs. Staff understood people's backgrounds and preferences and supported people effectively. New staff completed an induction and all staff had frequent one-to-one time with the provider, during which supervisions and appraisals of their work

were undertaken.

Staff understood the importance of helping people to make their own choices regarding their care and support and consistently obtained people's consent before providing support. All three people had full capacity to make all their own decisions at the time of this inspection. However, staff understood how to act in people's best interests, to protect their human rights, should this situation change.

Staff had developed respectful, trusting and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were able to choose what they wanted to do and when. People were also supported to maintain relationships with their friends and families. People engaged in activities of their choosing and were supported to maintain and enhance their independence as much as possible.

The service was well run and communication between the provider, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

The provider used a number of methods to ensure the quality of the service provided was regularly monitored. All aspects of the service were checked regularly by the provider and care staff, in order to identify any areas that needed improvement. Action was taken promptly to address any identified issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were stored and managed safely and administered as the prescriber intended.

Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training and supervision to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

People were supported to maintain their mental and physical health and wellbeing and staff acted promptly to seek advice if people became unwell.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to maintain relationships with their friends and families and visitors were welcome.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were supported to choose what they wanted to do, how and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good ●

The service was well-led.

The service was well run and communication between the provider, staff, people living in the home and visitors was frequent and effective.

The provider used a number of methods to ensure the quality of the service provided was regularly monitored. Action was taken promptly to address any identified issues.

Marrams

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at all the information we held about the service. This included information about events happening within the service, which the provider (or registered manager) must tell us about by law. Because this service was newly registered with CQC in May 2015, we also reviewed the registration application and supporting documentation.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We met and spoke with all three people living in the home, the provider and a member of care staff. We also spoke with a second staff member on the telephone after our visit.

We looked at assessments and plans of care for all three people and checked how they were being supported. We reviewed records associated with the employment of two staff and looked at their training records. We also looked at the arrangements for storing, administering and managing medicines and a selection of other records associated with the quality and safety of the service.

Is the service safe?

Our findings

The home had systems and processes to help protect people from the risk of harm and abuse, and people said they felt safe living in the home. One person told us, "Oh yes, it's very good; I feel perfectly safe living here." Another person said, "I just couldn't manage on my own anymore; coming here was the best option for me. I feel a lot safer now than when I was on my own."

Staff were aware of the importance of protecting people from the risk of harm or abuse and clear about their obligations to report any concerns or suspicions. Staff confirmed that they had completed training in safeguarding people and would not hesitate to report anything that they were concerned about. There was guidance available for staff and people living in the home on how to contact to local authority's safeguarding team if they needed to.

Staff understood the risks to which people could be exposed and took action to minimise them. When risks were identified, there was clear guidance in place for staff, to help mitigate the risks for individuals. The risk assessments we saw covered a wide range of situations including mobility, pressure care, falls and individual health problems. Risk assessments were reviewed and revised when needed, to help ensure people's support was provided in a way that helped them to live their lives as safely as possible.

There were enough staff to meet people's needs safely. One person told us, "It's very good because there aren't too many of us [people living in the home]. They [staff] have got time. They often sit and chat." Another person said, "We've all got a bell and they [staff] always come straight away when we use it. This person added with a laugh, "I rang my bell once and the poor girl [staff] was in the toilet; she called out to apologise and let me know where she was and said she'd be as quick as she could. Other than that, I've never had to wait for staff to come."

The home had a small but consistent and stable team of staff. Staff told us everybody worked well together and that they all, including the provider, covered extra shifts when necessary. The provider told us that the staffing levels were currently sufficient to meet the needs of the people living in the home. However, they added that staff were flexible and the rosters were adjusted when needed. They told us that staffing levels could also be increased if additional support for people was required.

Robust recruitment processes helped to protect people from the appointment of staff who were unsuitable to work in care. The records we looked at showed that applicants provided employment histories and proof of their identity. References were obtained and enhanced criminal records checks were carried out with the Disclosure and Barring Service (DBS). This helped ensure that appointed staff had nothing of concern in their backgrounds, regarding their suitability to work in care services. The records we looked at showed that this information was obtained before staff took up their appointments.

People said they were happy with the way their medicines were stored and managed and each person had a lockable medicine cabinet in their room. Two people managed and administered their own medicines and we saw that they did this safely. A third person chose for staff to manage and administer their medicines for

them. The provider and care staff had all been trained in managing and administering medicines and were competent in doing so. We checked a sample of one person's medicines administration records (MAR) and saw that these were up to date and accurate, with no errors or omissions noted.

Is the service effective?

Our findings

People received effective care because staff were knowledgeable and well trained. People felt confident that they received support from staff that had the skills and experience to meet their needs. All staff completed an induction when they first started working in the home. One member of staff told us how they had also shadowed the provider and a longer serving member of staff when they first started working in the home.

Training records showed that staff had received training that was relevant to their role and that essential training was up to date. We saw that staff had completed training in areas such as safeguarding people, fire safety, first aid, food hygiene and moving and handling. Staff were also encouraged to develop their skills and knowledge and said they felt supported by the provider to identify and access further relevant training opportunities. For example, all care staff were undertaking their level three qualification in health and social care and the manager was in the process of completing their level five.

Staff told us they had frequent one to one time with the provider, during which they could receive feedback on their performance and also discuss any concerns they had. All the staff we spoke with said they felt very well supported by the provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

During this inspection we found that people's consent was sought and nobody was being unlawfully deprived of their liberty. People told us they were involved in making decisions regarding their care and support and could express their preferences to staff. Staff understood the importance of helping people to make their own choices regarding their care and support and consistently obtained people's consent before providing support. In the event that people may lack capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

People said they enjoyed their meals, were provided with sufficient quantities of food and drink and were able to choose what they had. One person told us, "The food is always really lovely." Another person said, "I really enjoy the meals here; they [staff] know what we like." The provider told us that there wasn't a set or rolling menu because the service operated as a small family style home. They explained that people always had plenty of options and that meals were chosen and prepared in accordance with people's preferences. One person told us how everyone had enjoyed a Chinese meal together the previous day, as part of their birthday celebrations. A member of staff told us, "It's lovely because people can have exactly what they want; if one person doesn't want what's on the menu for that day we just cook something else that they do

want. It's just the same as you do for your own family."

We noted that people were supported to follow a balanced and appetising diet. However, if people were identified as possibly being at risk of not eating or drinking enough, staff would seek guidance and input from relevant healthcare professionals, to help promote people's health and wellbeing. One person told us that they didn't have much of an appetite any more but that the staff helped make sure they still ate and drank enough without being 'pushy'.

People were supported to maintain good health and we saw that each person's care plan contained detailed information on their individual healthcare history and support needs. We noted that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, physiotherapists, district nurses and GPs. Routine appointments were also scheduled, in accordance with people's needs, with other professionals such as opticians and dentists.

Is the service caring?

Our findings

Staff had developed respectful and caring relationships with the people they supported. One person told us, "They [staff] are all very good; it's a good ship this one!" Another person said, "They [staff] couldn't be better; they're all very kind and always have plenty of time to chat and check we're okay."

A member of staff told us, "It really is home from home here and the residents are all lovely people. It's so lovely to have time talking to the residents and having time for them. Nothing's ever rushed." This member of staff went on to give us examples of how they spent quality time with people, such as assisting one person with their shower and then blow drying and styling their hair. The member of staff said, "It's always very relaxed and we have time to talk as well. I do get a bit emotional sometimes; like when [name] will rub my arm and say, "Thank you my dear". It means so much to know people are happy and feel loved and cared for."

Throughout this inspection we observed positive and caring interactions between staff and people living in the home. We also noted that people were actively encouraged to express their views and to make choices. There was detailed information in people's support plans about their preferences and choices, particularly regarding how they wanted to be supported by staff. We saw, and people told us, that they were comfortable making decisions and choices about their care and support and that their choices were respected. One person told us, "They [staff] know me very well and they help me with as much as I need. I don't need a lot but whatever I do, they do it exactly as I want."

Another person told us how staff always treated them with dignity and respect and said they were very pleased that they could still make their own decisions about their life. We heard staff using people's preferred names when speaking with them. We also heard staff using humour appropriately and the people in the home interacted with staff in a relaxed way. We observed that staff respected people's privacy and knocked on doors before entering people's rooms.

It was evident that the staff knew people very well as individuals. The provider and care staff demonstrated good knowledge of the people they were caring for and were able to tell us in great detail about them. For example, people's histories, how they liked to spend their time and what was important to them. Our observations and discussions with people living in the home confirmed what staff had told us.

People were encouraged to maintain their independence as much as possible and staff told us how they encouraged people to do as much as they could for themselves. Staff supported people with daily living tasks and people were encouraged to be actively involved in the running of their home. For example, we saw how one person liked to set the table for meal times each day.

People were also supported to maintain relationships with their friends and families and visitors were welcome without restrictions.

Is the service responsive?

Our findings

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care. The care plans we looked at were detailed and reviewed and updated as required, such as if there was a change in people's individual needs. Staff told us how they would know if and when a person's needs had changed and explained certain circumstances that could require a person's care plan to be reviewed and updated. These included changes in dietary requirements, mobility or people's health.

Each person's care plan was individualised and person centred and included clear but comprehensive information about their personal needs, support requirements and preferences. The information we saw included a pen picture about the person and their history, as well as details about their overall mental and physical wellbeing and any individual health issues. Specific information regarding people's mobility, personal care, nutrition and hydration, hobbies and interests, likes, dislikes and preferences, was also included. We saw that risks to people's health and wellbeing had been assessed appropriately, with guidance for staff to know what action was required to minimise any identified risks.

We saw that the service was responsive to people's individual needs and wishes. For example, people living in the home had said that they would like a cooked breakfast. However, when the provider prepared this, people decided they didn't want it in the mornings after all. As a result, the provider suggested that maybe people would prefer to have a 'full English breakfast' as a lunch time meal instead. We noted that everybody had agreed with this and enjoyed it on a regular basis.

One person told us that they preferred to stay in their room for much of the time but enjoyed looking out into the garden and watching the birds. We saw that, in response to this person's interest, a bird feeder had been purchased and hung on the fence to enhance the person's enjoyment.

We saw that people were able to follow their personal preferences with regard to what time they went to bed at night and what time they wished to rise in the morning. One person told us, "I like to have a cup of tea at 6am, which they [staff] bring me; then I like to go back to bed for a while." Another person told us how they liked to have crunchy-nut cornflakes, without sugar on, for breakfast in their room each morning. We saw that all of this information was also clearly explained in people's care plans.

The provider and care staff said they were proud of the work they did and the support they provided people with. It was evident that people's happiness and wellbeing, both physically and emotionally, was of utmost importance to the provider and care staff. People told us, "They [staff] make sure I'm alright and I've got everything I need; nothing's ever too much trouble." And, "They [staff] know if I'm not myself and they'll always make time to have a chat. It's nice to have a chat and a bit of banter; we often have a good laugh and joke."

Staff also spoke with pride about people's accomplishments. The provider and care staff also told us about the approaches they used to support people in achieving their full potential. For example, supporting one

person to regularly take short walks, in order to strengthen their legs and improve their mobility.

Staff told us that information was shared during a handover, each time they came on shift. There were also daily diaries, which staff used to record and share relevant information with each other. This helped ensure staff were kept informed and up to date and able to respond appropriately to any changes in people's needs.

People were also supported to follow their own interests and hobbies and they told us about the things they liked to do. One person told us how they enjoyed going for a walk in the village most days and that they also enjoyed doing word-searches, puzzles and some intricate colouring in. This person told us how they liked to do the colouring at the dining table but, as the word-searches and puzzles required more concentration, they preferred to do these in their room. Another person told us how they liked spending time out in the garden when the weather was nice.

All three people told us they felt 'quite at home' and were quite happy doing what they wanted, when they wanted, such as watching television or reading. We also saw that people chose to socialise together on occasions. For example, two people liked to eat their meals together and have a chat at the dining table each day. We also saw photographs of all three people enjoying a game of charades at Christmas time, together with staff.

A member of staff told us that they worried sometimes whether people had enough to do but explained, "Everybody's totally capable of saying what they want and making their own decisions." Staff and the provider also told us that they frequently offered to take people out but very often people declined these offers.

There was a clear complaints procedure in place. People we spoke with told us that they knew how to make a complaint and would talk to the provider or care staff if they were not happy with anything. People also told us that they felt that staff listened to them and took action to resolve any issues appropriately. The provider also told us that any complaints would be recorded and investigated.

Is the service well-led?

Our findings

Because this service is operated by an independent sole provider, who oversees the running of the service on a daily basis, there is no requirement for a separate registered manager to be in post. The provider demonstrated that they fully understood their responsibilities as the registered person and also reported notifiable incidents to CQC as required.

All three people living in the home spoke positively about all aspects of the care they received, the environment, the staff and the provider. Everybody said the quality of the service was excellent and that they would definitely recommend it to others. A member of staff told us, "I am so lucky to have found Marrams; I'm so lucky to be working there; it's just so lovely; it's amazing."

People who lived in the home told us that they saw the provider every day, as she worked as a key part of the care team. People also said that the provider was approachable and easy to talk to. One person said, "[Provider] is a genuinely very caring person." Another person told us, "It is very homely here; I really couldn't wish for anything better."

Staff also told us they felt supported well by the provider. One member of staff said, "[Provider] is a fantastic manager; she is easy going but if something needs doing she will soon say. I most definitely feel I'm supported well; I can talk to [provider] about anything but I'm totally happy with the way everything is." Another member of staff said, "Oh, totally supported [provider is brilliant] and we all work well together."

We asked staff about the culture and values of the service and one member of staff told us, "It's about seeing people as people and helping them to carry on living a happy and good life." Another member of staff said, "It's an amazing place. It's a real home and, because it's only small, means that people can live as they want; just like they did before they moved here. I think we're all an extended family." A member of staff also told us, "There are lots of little things that are also so important in making it feel like home; like people's washing is always done nicely. It always smells lovely and fresh; it smells just like my own washing at home."

Staff spoke positively about communication in the home and told us they were kept up to date and aware of any changes. Staff told us how they were in regular contact with each other, had a handover at the beginning and end of each shift and that daily diaries were also completed.

Because the service was so small and close knit, people had frequent one-to-one time, as well as shared time, with staff and the provider. People told us that they were able to give feedback and discuss their thoughts and feelings regarding the service on an on-going basis.

The provider used a number of formal and informal methods to ensure the quality of the service provided was regularly monitored. All aspects of the service were checked regularly by the provider, as well as the care staff, in order to identify any areas that needed improvement. We noted that prompt action was consistently taken to address any identified issues.

The support plans and other records we looked at were all well maintained, up to date, secure and kept confidential. The provider, together with the staff team, consistently ensured that the quality of service that people received was of a high standard. Overall, an open and inclusive culture was demonstrated in Marrams, with clear and positive leadership evident.